

Family Development and Life Cycle

EDITORS' COMMENTS

"Family Development and Life Cycle" emphasizes how developmental concepts are applied from individual life cycle vicissitudes to family life cycle considerations. On the whole, this chapter emphasizes healthy, normative development with snapshots of deviant or stunted development given at nodal points in development and in the course of family life.

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Introduction

People have always been aware of the sequential stages of life from birth to death. The transition from one stage to another has been emphasized in cultural, artistic, and religious rituals. The emphasis on developmental process has been heightened during the first half of the 20th Century, and multiple psychological and sociologic theories addressed the issue. Psychoanalysis has described the stages of psychosexual development beginning with birth and proceeding to the genital stage. Gessell has defined with considerable detail the normal stages of child development, which were interpreted to the public by a number of contributors, especially Spock. Jean Piaget's definition of the stages of cognitive development of the child has become highly influential in psychology. Erik Erikson¹ and subsequently Daniel Levinson² have expanded on the

observations of Freud and described the course of adult development. Roger Gould^{3,4} has underscored the importance of time-related interpersonal changes in adult life.

The life cycle format provides both theoretical and practical schema for organizing a range of observations of the family and establishing the theoretical underpinning for the observations. Family theoreticians use the developmental perspective to establish the stages as a way of organizing and generalizing disparate information. This type of organization can then assist the development of hypotheses that can be tested by clinical or empirical methods.

The initial steps toward defining the family life cycle were taken in the field of sociology by Reubin Hill and Evelyn Duvall. Their initial efforts resulted in Duvall's landmark publication in 1957, which has gone through multiple editions.^{5,6} Duvall described eight stages of the family life cycle that address the nodal events related to the entrance and exit of family members: marriage, the birth and raising of the children, the departure of the children from the household, retirement, and death. Many variations on Duvall's eight stages have been proposed by multiple theoreticians. The most ambitious is the one by Rodgers,⁷ proposing a schema of 24 separate stages to describe the progression of several children through the nodal events of the life cycle. Hill^{8,9} emphasized three generational aspects of the life cycle, describing parents of married children as forming a "lineage bond" between the older and younger generations of the family. Duvall's concept of "generational spiral" referred to the many ways members of one family generation influence an-

other generation in a mutual interdependence during their progression through the life cycle.

The concept of the developmental life cycle has been implicit in the clinical and theoretical explorations of the family since the inception of the field of family system theory in the early 1950s. Bowen, Ackerman, and Satir were clear examples of developmental theorists in the family field. Satir¹⁰ in 1964 outlined taking the Family Life Chronology as a central part of the initial interview.

In the 1970s, the family's life cycle paradigm became prevalent in the discussions of family theory and therapy. Jay Haley's book called *Uncommon Therapy* described the work of Milton Erikson and was organized around the stages of family life cycle.¹¹ Haley described family life cycle in six stages and proposed that family stress is highest at the transition points from one stage to the next. Symptoms are most likely to appear in a family member when there is an interruption or dislocation in the unfolding of the family life cycle. This is a signal that the family is "stuck," having difficulty moving to its next phase. The goal of therapeutic intervention is to remobilize the life cycle to resume normal developmental progression. Minuchin¹² described the family developmental cycle as a key component of any family systems based schema. He described the early stages of the life cycle, particularly the characteristics of the developmental process in "normal" families and the difficulties encountered at the transition point in a particular stage. Zilbach's¹³ paper on family development and life cycle was influenced by Erikson's individual model as well as the developmental perspective in child psychiatry.

Definition

Development is defined as an orderly sequence of changes or phases that occur over time in which the unfolding of one expected change of organization or function originating from a previous change determines the next stage.^{13a,14} Developmental progression occurs in children, families, and groups. In all these units, a series of expected phases occur, and life cycle stage markers with their concomitant tasks can be identified.

Concrete events provide markers for the entrance into and exit from stages that require the completion of special tasks. Each stage requires a satisfactory modal adaptation that may be inappropriate for the next stage.¹⁴ The mourning process at the time of the

developmental transition for the stage left behind is important in enhancing the progression into the next developmental stage.

Attachment theory described by Bowlby¹⁵ has been particularly important to family theorists by describing a basic instinctual pattern originating in the mother-child bond and expanding into attachment to one's family. Attachment theory has been particularly embraced by the British object relations theorists who have provided an important interactional view of formation of psychic structure. An adequate level of differentiation among family members and their state of needs is necessary to enhance each member's feeling of "self." Empathic responses from the parent and the members of extended families are essential elements for facilitation of developmental changes. The functions of "holding," "mirroring," and other facilitating functions have been described sensitively in the past two decades. *Holding environment* refers to the parent-child partnership and space created around the infant by the parent in which the internal tensions of the infant can be contained and relieved.¹⁶ This environment contributes significantly to the ego development in the child. The concept has much in common with the function of "containment"^{17,18} and "transitional space."¹⁹ *Mirroring* refers to the parental function in relation to the infant and the young child in which the infant's disparate internal experiences and tensions could be communicated to the parent, and the parent functioning as a "mirror" will receive such communications and relate them back to the infant in an integrated and comforting manner.²⁰⁻²⁴ Such processes can result in "secure attachment" and mutuality between parents and children, as well as objectify the children's behavior and developmental strivings. Optimally functioning parents who have healthy egos and the parenting capabilities and skills to engage cooperatively with society can contribute well to the development of their children and prevention of developmental deviations.

Many processes can facilitate or impede the developmental process. An optimally functioning family with flexible boundaries and information flow can provide supportive feedback that enhances the developmental progression in their offsprings. A major task of the family is to survive and produce adult offsprings who are reasonably autonomous and acculturated to the societal expectations. In contrast, external stressful situations or developmental conflicts in one or both parents may generate excessive anxiety that can impede the developmental progression into the next stage.

Families that function as an open system and

allow an orderly flow of input from the environment can facilitate the developmental process, particularly the entrance of their offspring into the society on a partial or complete level. Conversely, families that function as a closed system and resist outside influences can interfere with the broader socialization of the children.

The book on the family life cycle by Carter and McGoldrick^{25,26} provides a major contribution to the recognition of the family life cycle and its application in clinical situations. This model uses a variant of a linear-stage model. Zilbach^{13,14} proposed a similar model presented in a linear fashion for the purpose of clarity, but she emphasized that various nonlinear modifications may occur with certain "later" phases proceeding earlier ones. A spiral rather than the linear stage model also has been proposed, which emphasizes the oscillations between the centripetal and centrifugal periods in family development.²⁷ Experiences such as birth or illness require the family to pull together, while starting school or the period of adolescence emphasizes a focus on individuality.

Family development and life cycle are represented by a series of family stages and stage markers. The family unit as a group progresses through three general stages: early, middle, and late stages. Although each specific family has an end, the larger or extended family has a continuity in its family history, family tradition, and practices that over time strengthen each family unit.

A family stage marker acts as a family stage signal, indicating the unfolding of each stage of family development. Concomitantly, a central or core family task must be accomplished in some fashion by all members of the family unit. Following the completion of each task, family development proceeds, carrying into each subsequent stage the characteristics of the previous periods. The family as a unit makes progress, is arrested, or undergoes regression in the course of the life cycle. The stages are predictable and thus inevitable. The family task must be accomplished in some fashion by all members of the family unit. At times, one or more members of a family may receive additional appropriate guidance and nurturance from external supportive people and progress optimally along their developmental path while the rest of the family is held back due to a variety of impediments in their progressive course. The divergence in the developmental states of multiple family members can cause tension that requires resolution. The resolution can be progressive by allowing one or more family members to progress partially or totally or it can be regressive by holding back the developmental initiative of a family mem-

ber and cutting off his/her sources of external support. Through task accomplishment, family development proceeds, carrying into each subsequent stage the characteristics of the previous phases.²⁸

Stages of Life Cycle

The stages of family life cycle are generally presented in a way that is applicable to a traditional two-parent, two-sex nuclear family but can be applied with small modification to all types of "alternative" families and probably in other cultures. However, the validity across the cultures has not been tested and awaits investigation (Table 1).

STAGE I: COURTSHIP, COUPLE FORMATION, AND MATING

In this stage, the couple forms joint cohabitation between two sexually mature adults. The couple arrives at this stage with varying degrees of psychological maturation and completion of previous developmental tasks by each partner. The developmental task necessary to enter this stage is having gained independence from the family of origin. The family of origin may facilitate or resist the strivings of the young adult to gain independence and enter into courtship.

The central task of this period includes a deepening bond between the couple, achievement of mutuality, and empathic dependency on each other. The couple may be helped in this stage by the existence of strong social support, particularly from other couples in the same stage of development.

In addition to striving to achieve harmonious cohabitation and sexual gratification, the area of career decision and work accomplishment is a major aspect of this stage prior to the arrival of the children. The career decisions may become quite complicated, particularly if the couple embark on prolonged periods of graduate education and apprenticeship and need financial support from each other or from their families of origin.

Postponement of having children, secondary to career decisions or other reasons, may prolong this stage of development. Increasingly, a sizable number of families, particularly two-professional ones, may choose to go without children. The decision not to have any children is particularly prominent in second marriages, particularly when one or both partners have children from previous marriages.

TABLE 1. Family Development: Stages of the Family Life Cycle

Stage	Developmental Task
EARLY STAGES: FORMING AND NESTING	
Stage I	Coupling Family Stage Marker: The family begins at the establishment of a common household by two people, which may or may not include marriage. Individual independence to couple/dyadic interdependence.
Stage II	Family Task: Becoming Three Family Stage Marker: The second phase in family life is initiated by the arrival and subsequent inclusion/incorporation of the first child/dependent member. Interdependence to incorporation of dependence Family Task: —Substage A: First Year of Life Family Task: —development of "parental identity" —enhancement of bonding between the child and each parent —Substage B: The Family and Toddler Family Task: —enhancement of autonomy —enhancement of gender role and identity —Substage C: The Oedipal Constellation Family Task: —differential interaction with parents of each sex —enhancement of identification with parent of same sex
MIDDLE STAGES: FAMILY EXPANSION/SEPARATION PROCESS	
Stage III	Entrances Family Stage Marker: The third phase is signaled by the exit of the first child/dependent member from the intrafamilial world to the larger world. This occurs at the point of entrance into school or other extrafamilial environment. Dependence to facilitation of beginning separations-partial independence/expansion
Stage IV	Family Task: Expansion Family Stage Marker: This phase is marked by the entrance of the last child/dependent member of the family into the community. Support and facilitation of continuing separations/expansion
Stage V	Family Task: Exits Family Stage Marker: This phase starts with the first complete exit of a dependent member from the family. This is achieved by the establishment of an independent household which may include marriage or another form of independent household entity. Family Task: Partial separations to first complete independence
LATE STAGES: FINISHING	
Stage VI	Becoming Smaller/Extended Family Stage Marker: Ultimately the moment comes for the exit of the last child/dependent member from the family. Continuing expansion of independence
Stage VII	Family Task: Endings Family Stage Markers: The final years start with the death of one spouse/partner and continue up to the death of the other partner. Family Task: Facilitation of family mourning and working through final separations.

Revised by Sholevar from Zilbach JJ: The family life cycle: A framework for understanding children in family therapy. In Combrinck-Graham L (eds): Children in Family Contexts, pp 46-56. New York, Guilford Press, 1988

In "accidental families," the mating stage of development may be very short-lived. The term *accidental family* refers to couples who have not formally planned to marry or procreate but were moved into the decision to marry by an unplanned pregnancy. Such people tend to be young, at times high school students, inexperienced, and unprepared for the establishment of a reciprocal and intimate adult relationship. They may be in a dependent relationship with their own families of origin.

Miscarriages or infertility problems can be two of the traumatic and complicating events in this stage with far reaching impact on the next stages of family life cycle.

Carter and McGoldrick^{25,26} have designated a stage of the unattached young adult or *being in between* the families prior to the courtship. The task of this stage is to accept separation of the adult offsprings from their parents. This results in the differentiation of self in relation to family of origin, development of intimate peer relationships, and establishment of self in work.

STAGE II: THE FIRST CHILDBEARING

This stage is ushered in with conception and pregnancy, which are accompanied by physical changes. There is a change from the dyadic relationship between the couple to a triadic one. Both parents develop a "parental identity" in relationship to their child as well as to each other. The attachment of mother-to-be to the child starts with preoccupation with the baby, which assumes a central position in her mind. The role is similar for the father-to-be, although his task is somewhat more difficult due to the lack of constant physical feedback. Preparatory classes can help both parents to invest strongly in the baby while receiving support from the group of other parents-to-be. Birthing centers are also helpful in enhancing the bonding between the parents and the children.

The nonadaptive behaviors in this stage can include "flight from parenthood." Here parents immerse themselves in other activities such as work, extramarital affairs, or other pursuits in order to avoid the development of parental identity. This can be the product of a traumatic early childhood or conflict in identification with one's parent and the family of origin. Children with chronic illness or pervasive developmental disabilities can alter the developmental progression of the family.

Stage II has been divided into a number of sub-stages by clinicians who work with young children.

Substage A: First Year of Life

In this stage, there is the development of a delicate reciprocity between infant and parents. Maternal-infant bonding takes place through continuous and intense interactions. The father may duplicate the function of the mother, particularly if the childrearing tasks are shared. More often, the father provides the baby with a type of experience that may be different from the child's experience with the mother: The mother may provide a more physically comforting type of interaction while the father may provide a more arousing and challenging one.^{29,30}

The new parents learn that childrearing is different from what they have fantasized—it is hard work and demanding. Furthermore, there is need for a tremendous amount of skill development at a rapid pace. The complexities of the infant behavior can provide the parents with confusion but also much gratification and excitement. The early deficits in the parents' own upbringing can get replicated during this phase. The quality of parent-child fit is significant, particularly if the child has a "difficult temperament."

The need for support from the spouse is particularly important with new and inexperienced parents. There is a change in the marital relationship, and the demands of parenthood can create a conflict among parental, marital, and vocational requirements. The mother may also feel highly conflicted about giving up her job in order to remain home with the baby, particularly during the early weeks of parenting when the infant does not provide much stimulation. Working mothers and their support systems can enable the mother to work, to meet economic or psychological needs, while maintaining the principles on which sound family function and development are maintained. Flexible, prepared, relatively unambivalent and mature parents can derive great satisfaction from the unfolding of the new behavior of the newborn infant and children and remain satisfied with their choice of parenthood over the alternative courses. The parents who are inadequately prepared for their new task may find that their fantasies of parenting have been unrealistic and they have tended to underestimate the amount of work necessary and to overestimate the rewards.

Substage B: The Family and Toddler

There are significant changes in the acquisition and organization of the toddler's behavior. The major task at this point is the establishment of gender role and identity. The parents play a significant role in providing the children with direct and indirect feed-

back about their gender. The father plays a constructive role in the gender development of the children of both sexes through his involvement and feedback. The quality of the relationship between the father and mother can enhance or impede the gender identity formation. The parents who are most at ease with their gender identity can provide optimal support for a healthy and strong gender identity development in their child. Physical illness and congenital deformities in children, particularly involving the genitals, may interfere with the establishment of adequate and clear gender identity. Parental conflicts with their gender role can be equally problematic for their children in this stage, especially in the absence of other adults with clear gender identity.

A second child or subsequent children may be born during this stage and add further complexity to the development of the family and children.

Substage C: The Oedipal Constellation

The establishment and resolution of the oedipal period in the child requires a capacity in the parents to foster a triadic or "three-party mode" of relationship and communication in the family in contrast to a dyadic or "two-party" model. Other prerequisites for this stage are the development of symbolic capacity and a rich fantasy life in the child, which is frequently reflective of the quality of the parents' fantasy life. A strong relationship between the child and parents of both sexes facilitates the child's fantasies of strong libidinal attachment to the parent of the opposite sex and competitive and rivalrous fantasies toward the parent of the same sex. The existence of a stable and positive relationship between mother-father can make oedipal experience less hazardous and more constructive for the child. In contrast, the existence of an "emotional divorce" or predominance of hostile and negative feelings between the parents can move the oedipal experience of the child from the realm of fantasy to one of reality and the child may become overwhelmed by the feelings of guilt or aggressive wishes.

The lack of resolution of oedipal striving in the parents can also make them an unwitting party to fixing the children in oedipal triangulation, which can eventually make the resolution of the oedipal period for the child impossible or incomplete. Among many transgenerational disturbances in oedipal experience, the syndrome of "Laius complex" has been recently described.³¹ This syndrome is a further exploration on the myth of Oedipus Rex and describes the impact of parental aggressive wishes

toward their child, which in combination with the child's rivalry with the same sex parent can produce a complex and significant hindrance to the resolution of the oedipal conflict. The parental aggression may have multiple roots, including inadequate bonding between the parent of the same sex and the child as well as unresolved oedipal conflict in the parent.

STAGE III: SCHOOL ENTRANCE

The prerequisite for successful negotiation of the school experience is the achievement of adequate object constancy so that children can leave the family physically without significant feelings of anxiety. The existence of a peaceful relationship among family members can also decrease the child's anxiety about leaving home. Such family atmosphere will enhance the likelihood that the child's attendance in school is a pleasant experience and that he/she is prepared to incorporate the values prevalent in the school system. The parents' appreciation of cognitive challenges and social relationships can also enhance the child's positive attitude toward the school.

In addition to the importance of academic and cognitive achievement, the artistic, athletic, peer group, and other types of social activities are significant challenges to a child entering school. The family's appreciation of the importance of these tasks can enhance the parent-child relationship and establish an educational alliance between the school personnel and the parents with the result that the child's socialization and education are enhanced. The lack of a significant conflict between the family and societal traditions can enhance the assimilation of values.

STAGE IV: ADOLESCENCE

The forceful strivings of an adolescent toward independence and the development of his/her active sexual life can create new challenges for the family. The move toward independence can be in the form of employment or departure for college or armed services. If such issues are satisfactorily negotiated, the career decisions will be addressed in a thoughtful and responsible fashion with great benefit to the children. However, excessive dependence on the parent-child relationship may make the parents insensitive to the need of the adolescent for independence.

The departure of the adolescent forces the family to deal with the feeling and perception that the old family as it was known is lost and a new family is created. The families with difficulty in experiencing loss or developmental progression may have significant problems in dealing with this issue. The parents may feel they have "lost" a child when an adolescent moves out. The struggle of the older children toward independence is keenly observed by younger children. The younger children also benefit from the flexibility created in the family unit as a result of appropriate departures of older siblings.

In families with a narrow outlook on the relationship and with excessive dependence on attractiveness, the enhanced sexual vigor and attractiveness of the adolescent in contrast with the decline in attractiveness and sexuality of the parents may be a painful experience. However, the literature emphasizing this phenomenon may be less applicable to contemporary families where the parents may maintain their attractiveness due to physical fitness and by taking good care of themselves. Parents who base their values on a broad range of social and individual accomplishments relegate physical attractiveness to limited importance.

STAGE V: MATING OF OFFSPRING, GRANDPARENTHOOD

The parents have a significant direct and indirect influence on the marital choice and decisions of their children. Faced with the enormity of the decision to marry and feeling relatively unprepared to do so, many children look to their parents for approval/disapproval of their marital choice. The parents may respond to such inquiries in a reactive or detached fashion. There is much room for the parents to help their children work through the selection process without acting as if they have the authority or the right to choose a mate for their children. If this process is carried out appropriately, the parents can help their adult children to avoid ill-fated and frequently short-lived marriages without acting in an overbearing or provocative fashion.

The parents also become prepared for their grandparental role, which is a new developmental phase and different from parenthood. Grandparents who exercise their roles in a balanced manner can provide much-needed support to their children by appropriate involvement with their grandchildren, and they can utilize their childrearing knowledge in a beneficial fashion. The process easily can become

defensive when the parents attempt to make up for the past deficiencies in their parenting and attempt to relive the situation.

STAGE VI: AGING AND DEATH

There is a wide range of responses to the phenomenon of aging. Old age can constitute a relatively vigorous stage of development comparable to the previous ones, or it can constitute a state of despair in which people walk around as if their lives are over and that they are without value. Many sociologists and mental health scientists have described a significant negative bias in the contemporary American society toward older people whose knowledge and capacities are often underestimated while their shortcomings are exaggerated. The view of older people as "senile" or "worthless" undermines the intergenerational integrity of the family.

Aging parents can establish a mutually enriching relationship with their children and grandchildren. This role can be particularly enhanced if the aging person has active and gratifying social relationships outside of the family. Many programs for older citizens can provide new and significant recreational and social opportunities for this age group. The recent emphasis on physical fitness and health has also resulted in the production of a generation of more fit, attractive, and socially valuable older citizens.

The shift in the family balance of power becomes necessary when the parents have to treat their adult children as equal or at times superior in knowledge and ability to them. Although families and individuals with a great level of flexibility can achieve this goal readily, many people in highly rigid and authoritarian families try to maintain their power over their children with unfortunate results. The inappropriate authoritarian stance of the older family members can be particularly enhanced if they command a disproportionate amount of wealth. In such situations, the children and grandchildren are often afraid of the loss of their inheritance and feel forced to go along with unacceptable grandparent demands.

Other Family Constellations

The changing profile of American families has resulted in a significant number of families constituted

in nontraditional ways. The landscape of American families once dominated by traditional two-parent families has been altered by the prevalence of single-parent, divorced, and remarried families. Such family types have their own unique structures with their own models of successful or dysfunctional adaptation to the family needs. It is essential that clinicians compare such families with the model of competence appropriate to the particular family constellation rather than trying to use the two-parent traditional family as the ideal paradigm. The new schema underscores the existence of models of competence for single parent, divorcing, and reconstituted families that are significantly different from their dysfunctional counterparts.

SINGLE-PARENT FAMILIES

In single-parent families, there is a tendency toward an overly close relationship between the single parent and the children. The parent's need for support is very frequently shifted to the external support system such as their friends, lovers, parents, and families of origin. The other parent may be a source of limited support or frank antagonism.

The complete or relative loss of the other parent and his or her absence poses a significant developmental challenge at a time frame different from the traditional family. The family may have difficulty dealing with such a challenge, particularly if there have been prior losses which have been inadequately mourned.

In competently functioning single-parent families where the marriage between the two parents has never occurred, it is essential for the single parents to develop a system of supportive relationships to assist her or him with the childrearing challenges.

DIVORCING FAMILIES

The divorcing families have the task of mourning for the complete or partial loss of a parent. However, the demanding task of grief is rendered more complex by the distorted nature of relationships in the family prior to the actual divorce: One parent's value and positive contributions may have been depreciated by the other spouse while their shortcomings may have been exaggerated significantly. One or both parents may have departed emotionally prior to the actual physical departure. A young child may experience significant confusion in attempting to clarify the facts and his or her feelings, particularly without the assistance of another impartial

adult. The lack of "psychic divorce" can result in prolonged hostility between the parents with the children used as pawns. The *psychic divorce* describes the state of relative resolution of the divorce process to the point where one or both parents are no longer preoccupied with their feelings toward each other or the previous marriage. The financial difficulties concomitant with divorce can result in additional losses for the family members.

In well-functioning divorcing families, there is generally an enhancement of the relationship between the noncustodial parent and children prior, during, and after divorce. In such families, the children and the noncustodial parents report a new-found parent-child relationship and therefore may experience limited loss. However, even in such situations, the children report their longing for a close parental relationship, for the reunion of the parents, as if the parental relationship constitutes a concrete image in their mind. The internal "triadic family image" has been described recently in the literature and refers to the child's internal image of himself or herself in relationship to both parents who are involved in a loving relationship with each other.³² This internal triadic image is an essential element for experiencing and resolving the oedipal period. Heightened oedipal rivalry and guilt feelings may occur more readily in divorcing families.

REMARRIED FAMILIES

The remarried family can present a complex developmental picture for the family members and the clinician. The presence of *bi-nuclear family*—two nuclear families that are highly interdependent on each other—can present a complex picture of a large number of members in different developmental stages.³³⁻³⁵ For example, one or two sets of the children may be older adolescents and prepared to leave the household when the parents are going through a new pregnancy and birth. The establishment of new lines of relationship among stepparents, stepchildren, and stepsiblings can create a stressful situation which, at times, can be resolved in a creative and productive manner.

The stepfamilies can encounter excessive burden if the custodial father is ill-prepared or unmotivated to undertake his parental role and attempts to shift such responsibilities to the new stepmother as if the childrearing is a role for women only. This can result in rebellious reactions by the children toward the stepmother, which can have a very discouraging and depressing effect on her.

Conclusion

Life cycle paradigm has gained prominence since the 1960s and applies the developmental model used with children and adults to the family as a unit. This model allows the clinician to organize disparate observations to determine the stage of family development and address developmental deviations in one or multiple family members. The family may be inappropriately "stuck" or arrested in an earlier developmental stage due to lack of resources or conflicts and fail to progress forward. An intervention strategy based on a developmental model can resolve the issues and allow the family to resume its progression.

Developmental deviation in the stage of "in between families" can interfere with courting and bonding between the couple. The lack of sufficient intimacy between the couple can in turn interfere with adequate parenting of the children or a defensive approach to parenting to prevent marital intimacy. Excessive dependence between the parents and the children can interfere with the enhancement of autonomy in the offspring in childhood, in entrance to school, and in adolescence. The weakness in the marital relationship due to the failure in the initial family stage—courtship and mating—can return later. The family may be unable to forge a vigorous course in their late adulthood after the children leave.

The examination of the family development model in multiple cultures will be a promising field and will allow the exploration of broad-based family development concepts applicable in divergent cultural groups.

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